POSITION	INITIALS	ID NO.	DATE
	1		193/00
FEE DETERMINATION	0	·	· · · · · · · · · · · · · · · · · · ·
O.I.P.E. CLASSIFIER	DW	32	10/10
FORMALITY REVIEW	HS	545	11-6.00
RESPONSE FORWALITY REVIEW	HA	858	12-12-00

INDEX OF CLAIMS

J	Rejected	N	Non-elected
	Allowed		Interference
	(Through numeral) Canceled		Appeal
_	Restricted		Objected

	Restricted		
Claim Date	Claim	Date Clai	m Date
Bal (ginal)	Final	Final	Original
	51 0		101
20	52 🗸	<u> </u>	102
3	53 /		103
46	54		105
6 4	56	<u> </u>	106
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9411111111	59		109
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29	79 80	<u> </u>	130
31	81	 	131
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36 37 0	87		137
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43 0	93	┼┼┼┼┼┼	144
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46 0	96		146
: 47 <i>U</i>	97	┤┤┤┤ ┞╸	[147]
48	98	╃┼┼┼┼ ┿┥┝╸	148
50	99	┤ ┼┼┼┼┼┤┝╸	150
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If more than 150 claims or 10 actions staple additional sheet here

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